

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8	1					
9		1				
10	1					
11		1				
12	①					
13	①					
14	1					
15		1				
16	2					
17	1					
18	①					
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TOTAL IND.	3	↓	↓	↓		
TOTAL DEP.	17	←	←	←		
TOTAL CLAS/CS	20	████████	████████	████████		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.		↓	↓	↓		
TOTAL DEP.		←	←	←		
TOTAL CLAS/CS		████████	████████	████████		